

ISSUE SLIP STAPLE AREA (for cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	450	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		3/12/98
FORMALITY REVIEW		6503	

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
1	✓	✓	5/27/49
2	✓	✓	5/27/49
3	✓	✓	5/27/49
4	✓	✓	5/27/49
5	✓	✓	5/27/49
6	✓	✓	5/27/49
7	✓	✓	5/27/49
8	✓	✓	5/27/49
9	✓	✓	5/27/49
10	✓	✓	5/27/49
11	✓	✓	5/27/49
12	✓	✓	5/27/49
13	✓	✓	5/27/49
14	✓	✓	5/27/49
15	✓	✓	5/27/49
16	✓	✓	5/27/49
17	✓	✓	5/27/49
18	✓	✓	5/27/49
19	✓	✓	5/27/49
20	✓	✓	5/27/49
21	✓	✓	5/27/49
22	✓	✓	5/27/49
23	✓	✓	5/27/49
24	✓	✓	5/27/49
25	✓	✓	5/27/49
26	✓	✓	5/27/49
27	✓	✓	5/27/49
28	✓	✓	5/27/49
29	✓	✓	5/27/49
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43	✓	✓	5/27/49
44	✓	✓	5/27/49
45	✓	✓	5/27/49
46	✓	✓	5/27/49
47	✓	✓	5/27/49
48	✓	✓	5/27/49
49	✓	✓	5/27/49
50	✓	✓	5/27/49

Claim		Date			
Final	Original	2/21/11	2/21/11	2/21/11	2/21/11
51		✓	✓	✓	✓
52					✓
53					✓
54					✓
55					
56					✓
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73		✓			
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89					
90					
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92					
93		✓	✓	✓	✓
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Claim		Date
Final	Original	
	110	
	112	
	113	
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**If more than 150 claims or 10 actions  
staple additional sheet h re**

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